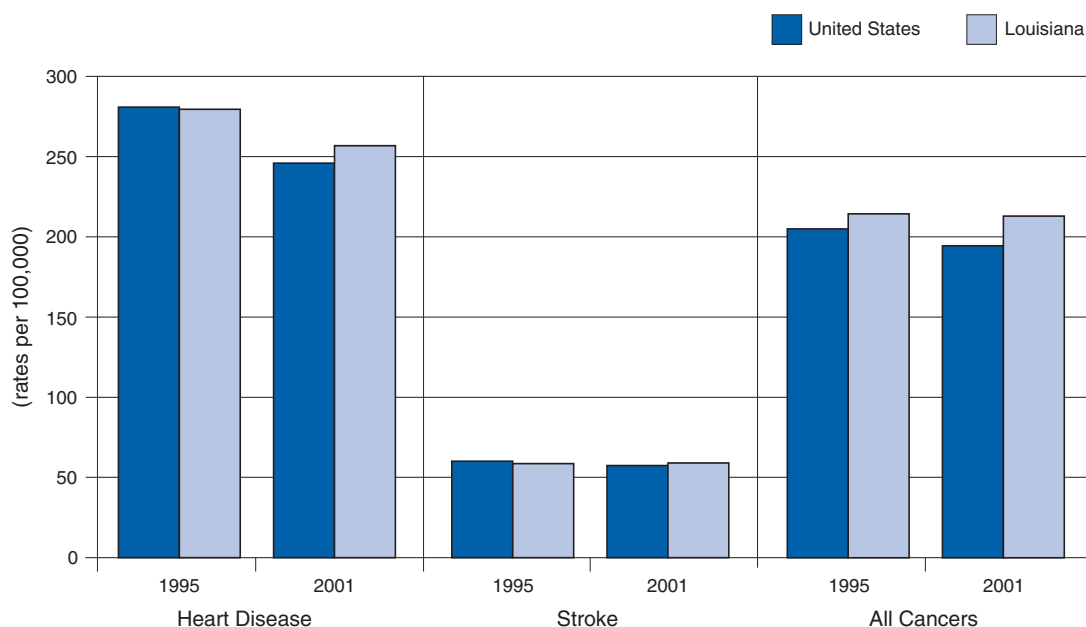


## Chronic Diseases: The Leading Causes of Death

### The Leading Causes of Death

United States and Louisiana, 1995 and 2001



Source: National Center for Health Statistics, 2003

### The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

### Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

# The Leading Causes of Death and Their Risk Factors

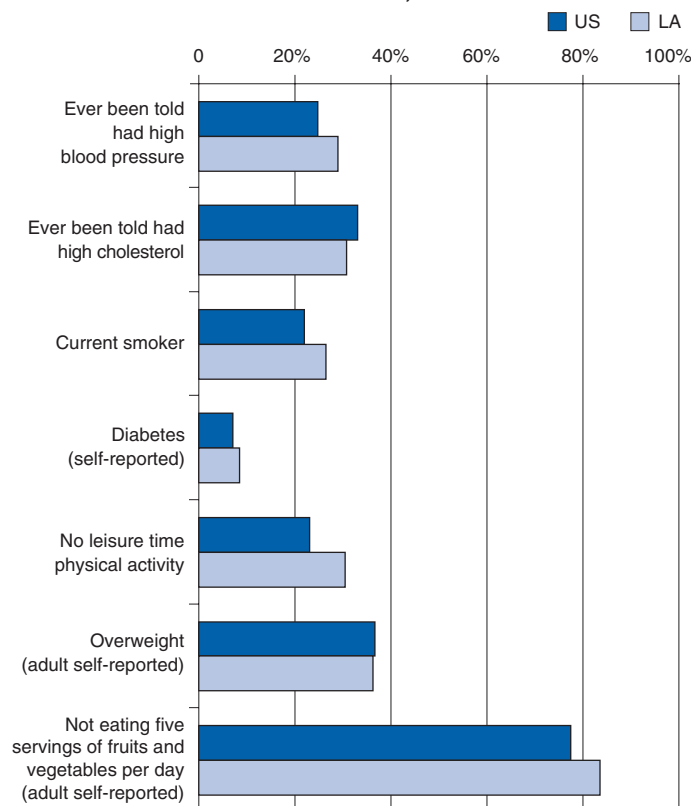
## Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Louisiana, accounting for 11,474 deaths or approximately 27% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 2,638 deaths or approximately 6% of the state's deaths in 2001.

### Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

## Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 9,700 are expected in Louisiana. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 23,540 new cases that are likely to be diagnosed in Louisiana.

Estimated Cancer Deaths, 2004

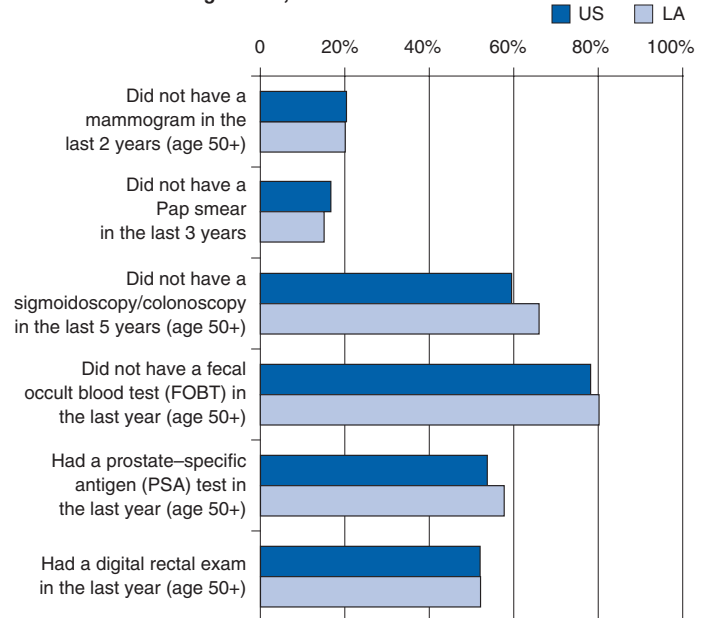
Cause of death	US	LA
All cancers	563,700	9,700
Breast (female)	40,110	730
Colorectal	56,730	990
Lung and Bronchus	160,440	2,920
Prostate	29,900	480

Source: American Cancer Society, 2004

### Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

# Louisiana's Chronic Disease Program Accomplishments

## Examples of Louisiana's Prevention Successes

- Statistically significant decreases in cancer deaths for men across all races (329.6 per 100,000 in 1990 versus 296.6 per 100,000 in 2000).
- A 19.8% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 39.9% in 1992 to 20.1% in 2002).
- A prevalence rate that was lower than the corresponding national rate for women older than age 18 who reported not having had a Pap smear in the last 3 years (15.1% in Louisiana versus 16.7% nationally).

## CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Louisiana in the areas of cancer, heart disease, stroke, and related risk factors.

### CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Louisiana, FY 2003

<b>SURVEILLANCE</b>	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Louisiana BRFSS</i>	\$155,763
National Program of Cancer Registries <i>Louisiana Tumor Registry</i>	\$620,070
<b>CHRONIC DISEASE PREVENTION AND CONTROL</b>	
Cardiovascular Health Program <i>Louisiana Stroke Education Consortium</i> <i>Delta States Stroke Consortium</i> <i>Heart Disease and Stroke Coalition</i> <i>Healthy Communities</i> <i>National Black Women's Health Project</i>	\$279,550
Diabetes Control Program <i>Louisiana Statewide Diabetes Advisory Council</i> <i>Defeat Diabetes Through Education Project</i>	\$107,000
National Breast and Cervical Cancer Early Detection Program <i>Louisiana Breast and Cervical Health Program</i>	\$1,076,140
National Comprehensive Cancer Control Program <i>Louisiana Cancer and Lung Trust Fund Board</i> <i>Louisiana Cancer Control Strategic Plan</i>	\$150,000
<b>WISEWOMAN</b>	\$0
<b>MODIFYING RISK FACTORS</b>	
National Tobacco Prevention and Control Program <i>Louisiana Tobacco Prevention and Control Program</i>	\$1,106,410
State Nutrition and Physical Activity/Obesity Prevention Program	\$0
Racial and Ethnic Approaches to Community Health (REACH 2010)	\$0
<b>Total</b>	<b>\$3,494,933</b>

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

### Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Louisiana that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

# Opportunities for Success

## Chronic Disease Highlight: Cardiovascular Disease

Cardiovascular disease (CVD) is a serious public health concern in Louisiana. In 2001, CDC mortality data indicated that Louisiana had the nation's 8th highest heart disease death rate and the 12th highest stroke death rate. Although heart disease is the leading cause of death in Louisiana for both men and women ages 65 and over, it does not only affect the elderly—it is also the second leading cause of premature death in adults between the ages of 45 and 64. In addition, heart disease is the second leading cause of death among women ages 35 to 44.

Gender, more than race, is a predictor of heart disease in Louisiana. In 2000, the age-adjusted death rate for heart disease was 40% higher for men than for women (241.2 per 100,000 versus 141.7 per 100,000). During that same period, however, death rates from stroke were much higher for both African American men and women (84.6 per 100,000 and 78.1 per 100,000, respectively) than for white men and women (55.9 per 100,000 and 55.1 per 100,000, respectively).

CVD also poses a significant economic burden on the state. In 1999, more than 76,000 hospitalizations (approximately 14.2% of all hospitalizations) in Louisiana were attributed to CVD. That same year, CVD accounted for more than \$1.4 billion dollars in hospital costs. The average hospitalization for CVD lasted 5 days and cost \$17,368.

The Louisiana Cardiovascular Health Program has identified the following strategies to address the problem of CVD in the state:

- Develop and coordinate partnerships with professional associations, medical schools and universities, the Governor's Council on Physical Fitness and Sports, the Cooperative Extension Program, the Primary Care Association, and the State Department of Education.
- Develop scientific capacity to define the CVD problem by developing and maintaining a surveillance system, and identifying and accessing existing sources of cardiovascular data.
- Develop an inventory of policy and environmental strategies.
- Develop a state plan of action.
- Provide training and technical assistance for program staff.
- Develop population-based prevention intervention strategies.
- Develop culturally competent strategies for priority populations.

*Text adapted from 2002 Louisiana State of the Heart and Stroke Report.*

## Disparities in Health

African Americans, Louisiana's largest minority group, make up 32% of the state's population, more than twice the national percentage. Individual parishes in Louisiana range from 5% to 67% African American. The leading causes of death for African Americans in Louisiana are cardiovascular disease—including heart disease and stroke—and cancer.

Between 1996 and 2000, African Americans in Louisiana had a higher heart disease death rate (669 per 100,000) than whites (577 per 100,000), Asian/Pacific Islanders (252 per 100,000), American Indian/Alaska Natives (AI/ANs; 240 per 100,000) and Hispanics (224 per 100,000). Between 1991 and 1998, African Americans also had a higher stroke death rate than any other group (172 per 100,000, compared with 121 per 100,000 for whites, 88 per 100,000 for Asian/Pacific Islanders, 79 per 100,000 for AI/ANs, and 55 per 100,000 for Hispanics).

African Americans also experience a disproportionate number of cancer deaths. In 2000, African American men had a cancer death rate of 383.3 per 100,000, compared with 272 per 100,000 for white men. African American women also had a higher cancer death rate than white women (209.0 per 100,000, compared with 175.4 per 100,000). For some types of cancer, the disparities are even more noticeable. For example, African American men have a prostate cancer death rate that is more than twice the rate for white men (61.6 per 100,000, compared with 25.1 per 100,000).

Data indicate that lifestyle factors within the African American community contribute to the risk factors associated with chronic disease. Such factors include the following:

- **High Blood Pressure:** More African Americans reported having high blood pressure than other racial and ethnic groups in the state (34.1%, compared with 27.5% of whites and 20.5% of Hispanics).
- **Inactivity and Obesity:** More than a third of African Americans (36.6%) reported having a sedentary lifestyle—no exercise in a 1-month period—compared with 27.5% of whites and 30.2% of Hispanics. In addition, 35.1% of African Americans reported that they were obese, compared with 21.6% of whites.
- **Diabetes:** More African Americans reported that they had been diagnosed with diabetes (11.9%) than Hispanics (7.1%) or whites (7.2%).

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E-mail: [ccdinfo@cdc.gov](mailto:ccdinfo@cdc.gov) | Web: <http://www.cdc.gov/nccdphp>